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## \*BIBDATASHEET\*

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CONFIRMATION NO. 1229

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### \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/967,625 11/12/1997 PAT 6,048,703 and claims benefit of 60/030,961 11/15/1996

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY DE	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

### ADDRESS

46347

### TITLE

METHODS FOR DETECTING CELL APOPTOSIS

FILING FEE RECEIVED 1273	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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